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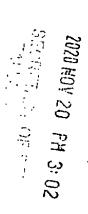
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TO:	Registration Section Division of Corpor				
SHRJE	CT:	AIR (Commac	105,44	
SODGI.	.01.	Name of Lin	nited Liability Company	, , _ , _ , _ , _ , _ , _ , _ , _ , _ ,	
The end	closed Articles of Am	endment and fee(s) are sul	bmitted for filing.		
Please 1	return all corresponde	ence concerning this matter	to the following:		
		I	Name of Person	OHIOU.	
			Name of Person		
		AIA	Comman Firm/Company	dos, LLC	
			Firm/Company		
		804 G	TUIE Rd. T	ARPOH SDOWS	
			Address	ARPOH SPRINGS	
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For furt	her information conc	erning this matter, please o	call:		
	ILIAS	An miniou	at(727_)	935- 4808 Daytime Telephone Number	
	Name of Pe	rson	Area Code	Daytime Telephone Number	
Enclose	d is a check for the fo	ollowing amount:			
\$25	i.00 Filing Fee [☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &	
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(1	Mailing Address:		Ştreet Ad	dress:	
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	Division of Corp P.O. Box 6327	orations		of Corporations tre of Tallahassee	
	Tallahassee, FL.	32314		Monroe Street, Suite 810	

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg	TIR COMMANOOS, LLC	_	_
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regardent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: TL I AS A H TO H I OU SOURCE SOURCE SOURCE Refer Florida street address 3 46 89	(<u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)		
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: TLIAS ANTONIOU 804 GULF ROAD TARPON Enter Florida street address 34689	The Articles of Organization for this Limited Liability Company were filed on $10 - 17 - 248$ Florida document number 128000344406	_ and a	ıssigne
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: TLIAS AHTOHIOU 804 GUF ROAD TAR POH Enter Florida street address 3 4689	This amendment is submitted to amend the following:		
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City. O Zip Code	Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Soy Gulf Road Tappon Enter Florida street address Enter	1 the n	ew reg
	City	in Cod	e e

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Ac
MBR	EVANGELIA Antoniou	1904 GUIF ROAD TARPON SPRINGS, FO	- / /
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